

# BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1										
2			1							
3			1							
4			1							
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49										
50										
TOTAL IND.	2	1								
TOTAL DEP.	10		1	1	1	1	1	1	1	1
TOTAL MS	11									
TOTAL CLAIMS										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS